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ABSTRACT

The influence of empathy on observers' attributions for an outcome achieved by an actor was examined as well as self-presentational strategies when observers either expected to assume the actor's role later (Role-Playing). On videotape, observer-subjects (N=160) watched an actor succeed or fail at an interpersonal influence task, after being given information designed to lead them to expect either a successful or unsuccessful task outcome. Subjects then made attributions for the therapist-actor's performance. In contrast to standard observers, empathic observers tended to make flattering attributions about the actor's performance on situational variables in positive expectency situations. In addition, role-playing observers made flattering attributions about the actor's performance through their reports on the dispositional variables and engaged in attributions similar to those reported by no role-taking observers. Results suggest that the predictions of role-taking observers which tend to minimize dispositional attributions for the actor's performance due to the self-presentational benefit of maintaining the actor's innocence in task outcome were not supported. (Author)

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Effects of Self-Presentational Strategy and Empathic Instructions on Observers' Attributions

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ABSTRACT

An experiment was conducted to investigate the influence of empathy on observers' attributions for an outcome achieved by an actor. In addition, self-presentational strategies were examined when observers either expected to assume the actor's role later (Role-Taking), or when they expected to only role play the actor's role later (Role-Playing). In contrast to the general dispositional attributions expected from standard observers (No Role-Taking), empathic observers and role-playing observers were predicted to make relatively flattering attributions about the actor's performance. In addition, role-taking observers were predicted to minimize dispositional attributions. 160 observer-subjects watched on videotape an actor succeed or fail at an interpersonal influence task, after being given information designed to lead them to either expect a successful or unsuccessful task outcome. Subjects then made attributions for the therapist-actor's performance. Thus, 16 experimental conditions were formed from a 4 (observer role) X 2 (outcome expectancy) X 2 (observed outcome) factorial design. In contrast to standard observers, empathic observers tended to make flattering attributions about the actor's performance on situational variables in positive expectancy situations. As it was assumed that a positive expectancy would prove threatening to the actor, these flattering attributions made by empathic observers in positive expectancy conditions suggest that an affective bond was established between empathic observers and the actor. In addition, role-playing observers made flattering attributions about the actor's performance through their reports on the dispositional variables; these flattering attributions appear to be due to the desire for role-playing observers to establish an environment that would prove beneficial for their own future performance, thus suggesting the existence of the employment of self-presentational strategies. Finally, role-taking observers engaged in attributions similar to those reported by no role-taking observers. The predictions that these role-taking observers would tend to minimize dispositional attributions for the actor's performance due to the self-presentational benefit of maintaining the actor's innocence in task outcome were not supported and warrants further research for this observer role.

Effects of Self-Presentational Strategy and Empathic Instructions on Observers' Attributions

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Jones & Nisbett's (1971) observation that actors and observers differ in their attributional perspectives has become commonplace. One important actor/observer divergence is the "...pervasive tendency for actors to attribute their actions to situational requirements, whereas observers tend to attribute the same actions to stable personal dispositions" (Jones & Nisbett, 1971, p. 80). It is only recently that research has been directed toward investigating the psychological processes responsible for such a divergence. Some of this research has involved demonstrating that actors and observers characteristically differ in their visual perspectives, which may be due to differing aspects of available information being salient for them. This differing visual perspective may account, in part, for the typical actor-observer divergence (e.g., Storms, 1973; Taylor & Fiske, 1975). More recently, some efforts have focused on the manner in which actors and observers process the available information independent of any differences in their visual perspective. One interesting line of such research has involved the investigation of the effects of empathy on attribution.

One popular view of empathy is that the individual is said to attempt to understand the actor's emotional state, in which the observer's own reactions result from his perception of the actor (Stotland, 1969). Regan & Totten (1975) pioneered this topic when they instructed some observers to empathize with an actor in a getting-acquainted type conversation. Taking the perspective of the actor through empathy resulted in attributions that were relatively more

situational and less dispositional then the attributions of standard observers. Gould & Sigall (1976) attempted to further support Regan & Totten (1975) by presenting the notion that empathic observers and actors are functionally equivalent.

Consistent with these findings, Brehm & Aderman (1977) found that "empathy instructions act to induce the observer to take the actor's perspective, while nonempathy instructions act to maintain the observer's perspective" (p. 345). Subjects in this study listened to a tape-recorded interaction in which the actor either did or did not receive a favor from an acquaintance. Their major finding was that, in contrast to nonempathic observers, empathic observers made greater situational attributions for positive and negative outcomes, and thus nonempathic observers made greater attributions to the actor for positive and negative outcomes. However, it need be noted that since these positive and negative outcomes were not achieved by the actor but only accidentally received, this study leaves open the possibility that empathizing observers would see positive and negative outcomes achieved by the actor differently. That is, instead of empathizing with actor, the observers in this study may have been sympathizing with the actor, particularly if the actor failed in receiving the favor from the acquaintance. Thus, since actors tend to take personal responsibility for their own positive outcomes and reject responsibility for their own negative outcomes, we expected that empathizing observers would exhibit this tendency moreso than observers given several of the cognitive sets described below.

A second cognitive set that has received some attention is whether or not an observer can expect to take on the role of the actor at a later time. Arkin, Gleason, & Shaver (Note 1) used this "role-changing" situation in order to test a prediction derived from self-presentation theory, which concerns the tendency for one to minimize criticism from others, and thus maximize

self-esteem. Arkin et al. (Note 1) told half of their observers of a successful or unsuccessful actor, and that they would engage in the same task as that of the actor's after viewing a videotape playback of the actor's performance. These authors found that Role-Taking observers attributed the actor's outcome whether positive or negative, relatively less to dispositional factors than did No Role-Taking observers. They attributed this finding to defensiveness, or ego-protection, in that the precedent set by a dispositional attribution could prove quite embarrassing to the observer if he failed when taking on the actor's task later. Of course, the enhanced situational and depressed dispositional attributions of role-taking observers might have been due to their empathizing with the actor (c.f., Regan & Totten, 1975). Therefore, we included in the present experiment a set of role-take conditions to demonstrate that this alternative was unlikely. If role-take observers were merely empathizing with the actor, then their attributions should be similar to those made by subjects instructed to empathize with the actor. If not, then role-take observers' attriubtions should again be lower than the no role-take observers, and different from the attributions of empathizing observers.

In a recent study, Wolfson & Salancik (1977) found similar external attributions made by actors and role-taking observers. These authors concluded that the enhanced situational and depressed dispositional attributions made by role-taking observers may have been due to these observers engaging in self-presentational strategies. However, an alternate explanation may account for these attributions of role-taking observers, in which these observers may be empathizing with the actor, resulting in role-taking observers being generous toward the actor (e.g., Regan & Totten, 1975: Gould & Sigall, 1976). Therefore, if role-taking observers are in fact ego-defensive by attributing the actor's outcome to situational forces, then some factor

mitigating the threat involved in serving in this observer role should reduce this ego-defensiveness. Thus, a third cognitive set under recent investigation is the alleviation of threat to role-taking observers. To test this notion of "role-playing," we informed half the role-taking observers than an equipment malfunction precluded determining their own outcome on the task but that they would be asked to perform the task anyway. We expected that in contrast to role-taking observers, this mitigation of threat would reduce the defensive (situational) attributional tendency. In fact, we guessed that these Role-Playing observers might attribute the actor's success more to dispositional factors than observers with any other cognitive set and might attribute the actor's failure less to dispositional factors than observers with any other cognitive set because of the self-presentational advantage such a precedent might create.

Method

Subjects

160 male and female introductory psychology students were randomly assigned to each of sixteen conditions comprised of a 2 (positive/negative expectancy of success) X 2 (successful/unsuccessful observed outcome) X 4 (role-taking, no role-taking, role-playing, or empathic cognitive set) factorial design.

Procedure

Subjects reported individually to a room with the door labelled "Therapeutic Testing Laboratory: Video Viewing Room," were escorted into the lab by the experimenter, and were seated facing a television monitor. The experimenter then explained the supposed purpose of the research followed by an explanation of the subject's specific role in the experiment. She began by explaining that the general purpose of the research was to examine whether or not a new form of desensitization therapy could be employed by non-professional persons to assist others with minor phobias, and that the topic under current investigation was

test anxiety. At this point, the experimenter added that so far the therapy had either been somewhat successful (positive expectancy), or somewhat unsuccessful (negative expectancy) with this problem. All subjects were then informed that they would be asked to view a videotape playback of a recent session in which the therapy had been used and then answer a questionnaire.

Following this, observers in the role-take, role-play, and empathy conditions were given further instructions. For no role-taking observers, the videotape recording was then started. Role-taking observers were informed that they would be asked to participate as a therapist themselves after viewing the tape. Role-playing observers were also informed that they would be asked to participate as a therapist themselves after viewing the tape; however, they were additionally told that the physiological feedback apparatus had malfunctioned (the electropolygraph machine), but that they would still be asked to participate as a therapist due to the patient already being scheduled, and of some possible benefit. Similar to Regan & Totten (1975), empathy observers were asked to: "Pay particular attention to the person giving the therapeutic instructions. Please try to empathize with him; imagine the session from his point of view; imagine how he feel; think about his reactions," etc.

The videotape playback then began, presenting an actor receiving some extensive instructions, being introduced to a test-anxious patient referred to the study by the university counseling center, and giving the desensitization instructions to the "patient" (confederate) while the patient was supposed to imagine several events associated with taking an exam (e.g., Arkin et al., Note 1; Arkin, Gleason & Johnston, 1976). The patient was hooked up via electrodes to an instrument said to be measuring muscular relaxation, which was revealed on a feedback meter (positive outcome = large change toward relaxation; negative outcome = large change toward non-relaxation).

Following the videotape, the observer was given a questionnaire that included a number of manipulation check items, several measures of dispositional and situational attributions, and additional supplementary data items, anchored on nine point scales (i.e., 1=Not very much; 9=Very much). After completing the questionnaire, subjects were thoroughly debriefed and thanked for their participation.

Results and Discussion

A factor analysis was conducted on the 11 dispositional and situational dependent variables. Through an initial principle component analysis, with a varimax rotation then performed, five factors were retained that seemed easily interpretable. One dispositional and four situational attribution factors emerged, and are displayed in Table 1.

The first factor, labeled as the dispositional attribution factor, was comprised from the three dispositional dependent variables of attribution to the therapist, attribution to the therapist's ability, and attribution to the therapist's effort. An analysis of variance composite score formed by these three items revealed an observer role X outcome interaction which approached significance, $F(1, 143) = 2.14$, $p < .10$. To our surprise, all subjects, except role-playing observers, attributed the negative outcome ($\bar{x}=6.61$) relatively more to dispositional factors than in the positive outcome ($\bar{x}=6.07$) conditions; the outcome main effect was significant, $F(1, 143) = 4.27$, $p < .05$. Miller & Ross (1975), though, have warned against direct comparisons of success and failure attributions because these attributions cannot be assumed to differ solely in valence. Secondly, the success and failure videotapes were different (of neccessity), and this fact also precludes taking the success/failure main effect too seriously. However, each of the mean comparison within success or failure, although not of great magnitude, are entirely in line with prediction. Within success, role-playing

observers attributed the actor's outcome more to dispositional factors than did either role-taking ($p<.001$)[1], no role-taking ($p<.02$), and empathic ($p<.05$) observers. Empathic observers attributed their outcome somewhat more to dispositional factors than did role-taking observers ($p<.10$). Within failure, the only comparisons that approached significance was that role-playing observers attributed the actor's outcome slightly less to dispositional factors than did role-taking ($p<.05$), empathic ($p<.01$), and no role-taking ($p<.01$) observers.

With regard to the second factor, labelled the therapy situational factor, which was comprised from the dependent variables of attribution to the therapeutic method, and to the written instructions, an interesting observer X expectancy X outcome interaction emerged. An analysis of variance revealed a significant three way interaction, $F(3, 143) = 4.31$, $p<.006$, indicating that the expectancy X outcome interaction, $F(1, 143) = 4.25$, $p<.05$, differed somewhat across the various role conditions. In addition, an overall main effect for outcome emerged, $F(1, 143) = 28.99$, $p<.0001$, with greater attribution to the therapy in the positive ($\bar{x}=7.24$) than in the negative ($\bar{x}=6.09$) outcome conditions. With the exception of the negative expectancy/negative outcome conditions (which do not follow predictions), the expectancy/outcome interaction seems to reflect a more or less rational processing of the available information. As can be seen in Figure 2, the observers in the positive expectancy/positive outcome conditions saw the therapy as highly responsible. Positive expectancy/negative outcome observers did not. The relatively high attributions to the therapy made by observers in the negative expectancy/positive outcome conditions may reflect these observers' surprise at the success of the therapy and an attempt to account for the outcome. Much more importantly, these effects do not generalize to the observers given empathy instructions, particularly in the positive expectancy conditions. Empathic observers in the

positive expectancy/positive outcome conditions attributed the successful outcome less to the therapy than did the role-taking ($p<.01$), no role-taking ($p<.01$) and role-playing ($p<.01$) observers; empathic observers in the positive expectancy/negative outcome conditions attributed the unsuccessful outcome more to the therapy factor than did the role-taking ($p<.01$), no role-taking ($p<.01$), and role-playing ($p<.001$) observers. In short, especially in the positive expectancy conditions, empathic observers were making relatively flattering attributions about the actor's outcome.

The third factor, labelled the task difficulty situational factor, was comprised from the dependent variables of attribution to task difficulty, and attribution to the appropriateness of the therapeutic method's length. An analysis of variance revealed a main effect for outcome, $F(1, 143) = 19.73$, $p<.0001$, with greater task difficulty attributions in the negative ($\bar{x}=7.3$) than in the positive ($x=5.28$) outcome conditions. Thus, subjects generally made greater situational attributions (attributions to the difficulty of the task) in negative than in positive outcome conditions. In addition, a marginally significant main effect for expectancy emerged, $F(1, 143) = 4.98$, $p<.08$; observers made greater situational attributions for negative ($\bar{x}=6.36$) than for positive ($\bar{x}=5.86$) expectancy conditions. Therefore, subjects made greater situational attributions in the negative than in the positive expectancy situations.

The fourth factor, labelled outside circumstances, was comprised from the dependent variables of attribution to luck, and uncontrollable circumstances. No significant differences emerged in an analysis of variance of this factor. The insignificant findings may be partially due to the difficulty in obtaining high ratings of such measures like luck, as has been reflected in past research.

Finally, the fifth factor established, attribution to the patient, was comprised from the dependent variables of attribution to the patient's amount of responsibility for the outcome, and to the patient's cooperation. Only a main effect for outcome emerged from an analysis of variance, $F(1, 143) = 104.24$, $p < .0001$, with greater patient attributions in the positive ($\bar{x}=8.01$) than in the negative ($\bar{x}=5.81$) outcome conditions. This greater situational attributions in the positive outcome conditions was comparable to the finding in the therapy factor.

In addition to the 11 dispositional and situational dependent variables, two other measures were taken which involved the examination of observer role manipulations. These two measures dealt with the subjects' perceptions of comfort experienced with the videotaped therapeutic session. In assessing this amount of comfort, both the subject's comfort with serving in the role of therapist, as well as the subject's general comfort with the therapy session, were combined in the analysis of variance because the means of these two ratings were quite similar. An analysis of variance of this combined comfort measure revealed a significant main effect for outcome, $F(1, 144) = 10.49$, $p < .002$. As expected, higher comfort ratings were obtained in the positive ($\bar{x}=6.23$) than in the negative ($\bar{x}=5.24$) outcome conditions, therefore demonstrating that subjects were generally more at ease when the actor was successful than when he was unsuccessful.

Furthermore, two marginally significant interactions were obtained by an analysis of variance on this combined comfort measure. The first of these findings was an observer role X expectancy interaction, $F(3, 144) = 2.22$, $p < .09$. Subjects reported higher comfort in the positive than in the negative expectancy conditions ($p < .05$), except for empathic observers, who demonstrated higher comfort ratings in the negative expectancy conditions ($p < .01$). Empathic observers were anticipated to be less at ease in positive than in negative

expectancy conditions due to the hardship positive expectancy creates for empathic observers' attempt to make consistent flattering attributions for the actor-therapist, especially in the case of the therapist's failure; thus, certain effects were suggested to set empathy in motion in positive expectancy situations, (see Figure 3).

A second effect that was marginally significant was an observer role X outcome interaction, $F(3, 144) = 2.48$, $p < .07$. Observers made higher comfort ratings in the positive than in the negative outcome conditions ($p < .05$), except for role-taking observers, who made similar (and somewhat lower with respect to the other observer groups) comfort ratings for positive and negative outcomes. This finding was also not surprising, as a positive outcome would establish a higher standard for role-taking observers to follow, but not for the remaining observers. This would create more discomfort in the positive outcome conditions for these role-taking observers who have high involvement with the role of therapist, (see Figure 3).

In conclusion, in contrast to standard observers (no role-taking observers), empathic observers tended to make flattering attributions about the actor's performance in positive expectancy situations. As it was assumed that a positive expectation would prove threatening to the actor, particularly if the actor failed, then the reported attributions on the situational variables by empathic observers in positive expectancy conditions appears to be an attempt for these observers to compensate for the actor's performance. Due to these flattering attributions made in the positive expectancy conditions, it appears that an affective bond was established between empathic observers and the actor. In addition, role-playing observers made flattering attributions about the actor's performance through their reports on the dispositional variables. That is, it appears that these observers gave more credit to the actor for success and less blame to the actor for failure than the other observer groups due to the

desire to establish an environment that would prove beneficial for their own future performance. Therefore, this precedent set by role-playing observers may have resulted from these observers engaging in self-presentational strategies for their own performance. Finally, role-taking observers were found to engage in attributions that were quite similar to those reported by no role-taking observers. Thus, the predictions that these role-taking observers would tend to minimize dispositional attributions due to the self-presentational benefit of maintaining the innocence of the actor were not supported by the data. Therefore, the present study contributes to the distinctions of the cognitive sets of empathic and role-playing observers, but contributes little to the cognitive set of role-taking observers and warrants further research for these observers.

Table 1

Rotated Factor Analysis Pattern

Attributional Dependent Variables	Final Communality Estimates	Factor				
		Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Therapist	.754335	.83100	.08941	-.17342	.05644	.15007
Outside Circumstances	.611240	-.09762	.03395	.08559	-.71581	-.28433
Patient	.793478	-.06255	.02019	.01193	-.00840	-.88823
Patient's Cooperation	.534609	.06117	-.42057	-.08800	-.06900	-.58436
Therapist's Ability	.813178	.89805	.00812	.05344	.05988	.01349
Therapist's Effort	.638771	.74040	-.19924	.15268	.08125	-.14482
Task Difficulty	.765674	.17222	-.17276	.78114	-.23071	-.20680
Luck	.693784	-.07858	-.02064	.02199	-.81127	.16894
Method	.815733	-.04097	-.86963	.15628	.17352	-.07076
Written Instructions	.592476	.11323	-.64360	-.34424	-.20289	-.07593
Method Length	.645211	.10614	-.25648	-.70325	-.06018	-.26455

Note: The first factor (factor 1) was labelled as a dispositional factor, whereas the remaining four factors (factors 2-5) were labelled as situational factors, as are described in the text.

Figure 1

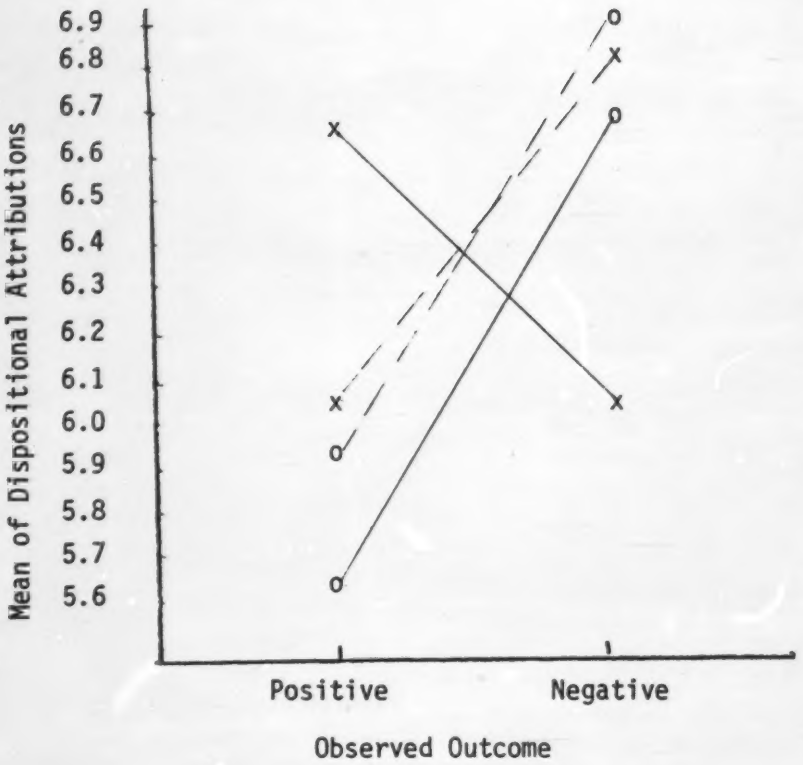

Figure 2. Observer Role x Outcome interaction for Dispositional Attributions.

o—o Role-Take Observers (RT)
o--o No Role-Take Observers (NRT)
x—x Role-Play Observers (RP)
x--x Empathy Observers (E)

Observer Role

Observed Outcome	RT	NRT	RP	E
+	5,63	5.95	6.65	6,07
-	6.67	6.90	6.07	6.80

Note: The higher the mean, the greater the dispositional attributions.

Figure 2

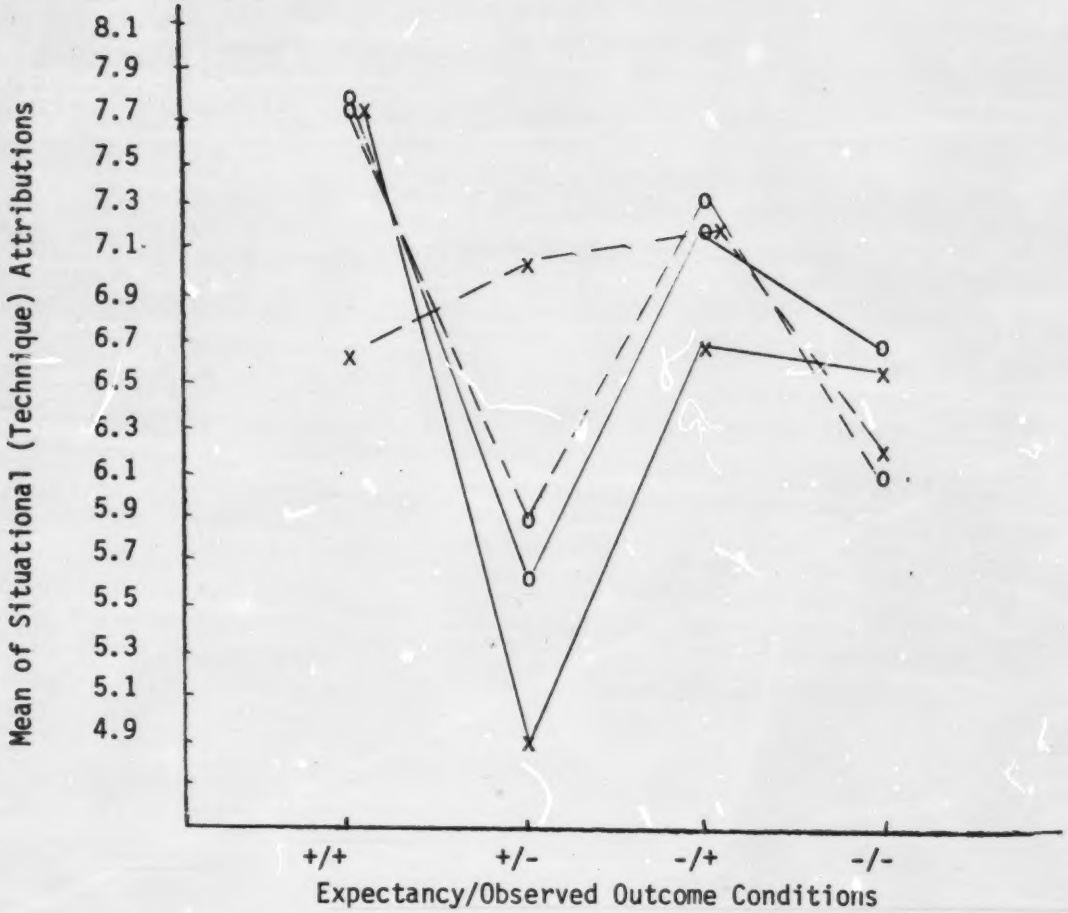

Figure 3. Observer Role x Expectancy x Observer Outcome interaction for Therapeutic Technique Factor.

o—o Role-Take Observers (RT)
o--o No Role-Take Observers (NRT)
x—x Role-Play Observers (RP)
x--x Empathy Observers (E)

Observer Role

(Expectation)

Observed Outcome	RT +	RT -	NRT +	NRT -	RP +	RP -	E +	E -
+	7.75	7.15	7.70	7.3	7.7	6.55	6.6	7.15
-	5.60	6.65	5.89	6.0	4.9	6.50	7.0	6.15
	$\bar{x}$=6.79		$\bar{x}$=6.73		$\bar{x}$=6.41		$\bar{x}$=6.73	

Note: The higher the mean, the greater the situational (technique) attributions.

Figure 3

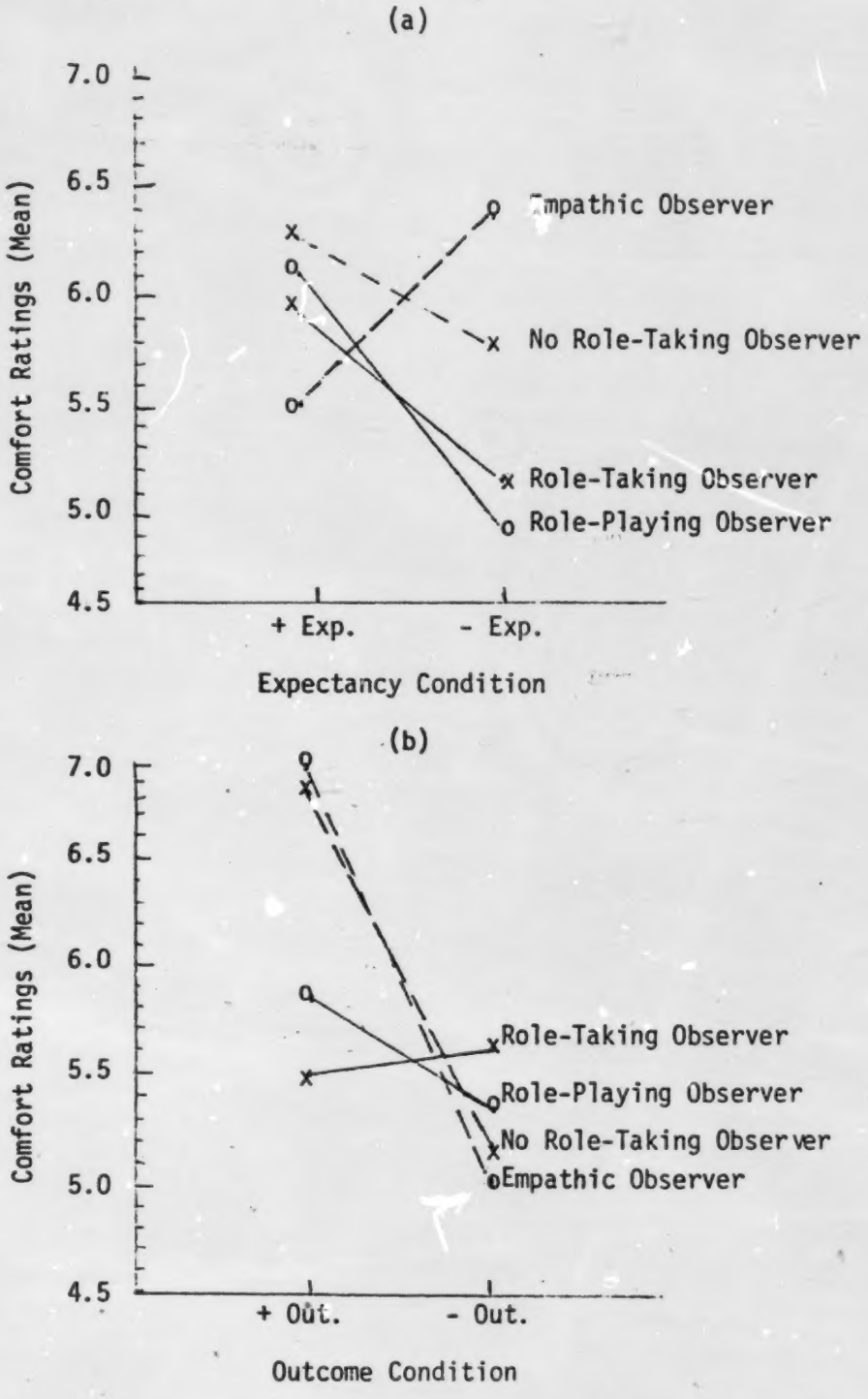

Figure 3. Observer Role X Expectancy (a) and Observer Role X Outcome (b) interactions for combined comfort measure.

Footnotes

1. A two tailed t-test statistic was performed on the individual mean comparisons.

Reference Notes

1. Arkin, R. M., Gleason, J. M., & Shaver, K. G. Observers' attributions: Empathy or self-presentational strategy. Paper presented at the meeting of the Midwestern Psychological Association, in Chicago, May, 1977.

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